The MI Dental Access Coalition represents the individuals, organizations and providers in our state that urge you to support SB 541

AARP Michigan
The Arc Michigan
LeadingAge
Michigan Association of Health Plans
Michigan Association of School Nurses
Michigan Association of United Ways
Michigan's Children
Michigan Coalition Against Homelessness
Michigan Community Action
Michigan Council for Maternal and Child Health
Michigan Dental Hygienists' Association
Michigan Disability Rights Coalition
Michigan League for Public Policy
Michigan Primary Care Association
National Association of Social Workers-Michigan
School-Community Health Alliance of Michigan
Wolverine Dental Hygienists' Society
Wolverine Human Services

To learn more about how dental therapists can help provide access to care visit
MIDentalAccess.org

Testimony to the Michigan House Health Policy Committee, October 3, 2018

David S. Gesko, DDS
Senior Vice President and Dental Director, HealthPartners
Minneapolis, Minnesota

Thank you Senator Shirkey, for the introduction, and thank you Chairman Vaupel and members of the committee for this opportunity to speak today.

My name is Dr. David Gesko. I am the Senior Vice President and Dental Director at Health Partners in Minnesota, the largest consumer-driven nonprofit and integrated health care system in the country. I am also the past president of the Minnesota Board of Dentistry.

I understand there is some misinformation going around about dental therapy in Minnesota and throughout the country. As a dentist and employer of dental therapists, I'm here to help set the record straight.

First, anyone who claims dental therapy is an "experiment" or "unproven" is badly mistaken. Dental therapy has existed in more than 50 countries around the world for more than 100 years. In the United States, dental therapists are working in Minnesota, Alaska, Oregon and Washington. They are also authorized in Vermont, Maine, and Arizona, and more than a dozen states are actively considering licensing these dental professionals.

Next, when I was President of the Minnesota Board of Dentistry, we produced a report that drew on an anonymous survey of almost 1,400 dental therapy patients, employers, and clinic and emergency room data. The Board of Dentistry and Department of Health updated the report earlier this year, and I understand a copy has been shared with you.

In short, these unbiased assessments found that dental therapy is working in Minnesota. Specifically, the reports found:

- Dental therapists increase access to oral health care, especially for underserved communities.

- Dental therapists are geographically distributed in proportion to the state's population. They work in community and rural settings at more than **370 sites** across the state, including mobile dental facilities, Head Start programs, community centers, Veterans health facilities, nursing homes, and other dental practices.

- The financial benefit and economic viability of dental therapists are confirmed by the steady growth of the profession and high rates of employment of dental therapists in a variety of different types of dental practices.

While the Michigan Dental Association and some individual dentists in Michigan may currently oppose this legislation, I can tell you from personal experience that I think that will change.

When we first planned to hire a dental therapist, some dentists expressed reservations about how this new dental professional would impact their existing dental teams. But once the therapists were integrated into our dental system, they became so popular, more dentists requested a dental therapist on their teams.

In fact, nearly every dentist in Minnesota who has hired a dental therapist continues to work with them, and many dentists are now hiring their second or third dental therapist to expand their practices and treat more underserved people.

Not only are more dentists hiring dental therapists, they are hiring these dental professionals to fill gaps in the dental delivery system. As Katy will explain in her statement, the majority of patients seen by dental therapists are on Medicaid or uninsured. Dental therapy in Minnesota is working just as the law intended: to care for underserved people who would otherwise go without dental care.

Dentists are now able to do more high level and complex dental procedures because they don't have to spend their days doing routine fillings. There are no safety concerns, because we know our therapists are well trained, and we consult constantly on what procedures they can do on their own and which require involvement of the dentist.

When dentists in Michigan have the opportunity to supervise and work with dental therapists, they will see the great addition they are to the dental team, just as dentists in Minnesota and I witness every day.

And for those dentists that do not support the bill and do not want to hire dental therapists, I would remind them that don't have to hire them; dental therapists are simply one more tool in the toolbox to help dentists serve more patients and expand their practices if they choose.

Thank you for your time. I am happy to answer any questions you may have.

Testimony to the Michigan House Health Policy Committee, October 3, 2018

Katy Leiviska
Advanced Dental Therapist, HealthPartners
Minneapolis, Minnesota

Thank you, Chairman Vaupel, and members of the committee, for this opportunity to testify in support of dental therapy.

My name is Katy Leiviska, and I am a licensed Advanced Dental Therapist at HealthPartners in Minnesota.

Today you will hear a lot of discussion on both sides, about how dental therapists practice, our education, our training, and our interactions with our supervising dentists. With my time, I want you to hear the truth about dental therapy, from a practicing dental therapist.

I completed my Master's Degree in dental therapy at the University of Minnesota, after achieving my undergraduate degree in Biology. I took courses on oral and human anatomy, oral health education, and spent almost two years in a clinical setting before graduating.

I spent hours learning the limited set of procedures a dental therapist in Minnesota is licensed to perform, including how to prep and fill cavities, prep and place temporary crowns, and repair dentures, right alongside the dental students. I was graded to the same standards and took the exact same clinical exams as the dental students. In fact, I had more clinical hours of training on these procedures than my fellow dental students!

Every day, I care for children, seniors and people with disabilities from an incredibly diverse population. Over 90% of my patients are on Medicaid or uninsured.

I do exams, restorative work including fillings, stainless steel crowns, baby teeth extractions and basic preventive care and oral health education. All while maintaining constant contact with my supervising dentists.

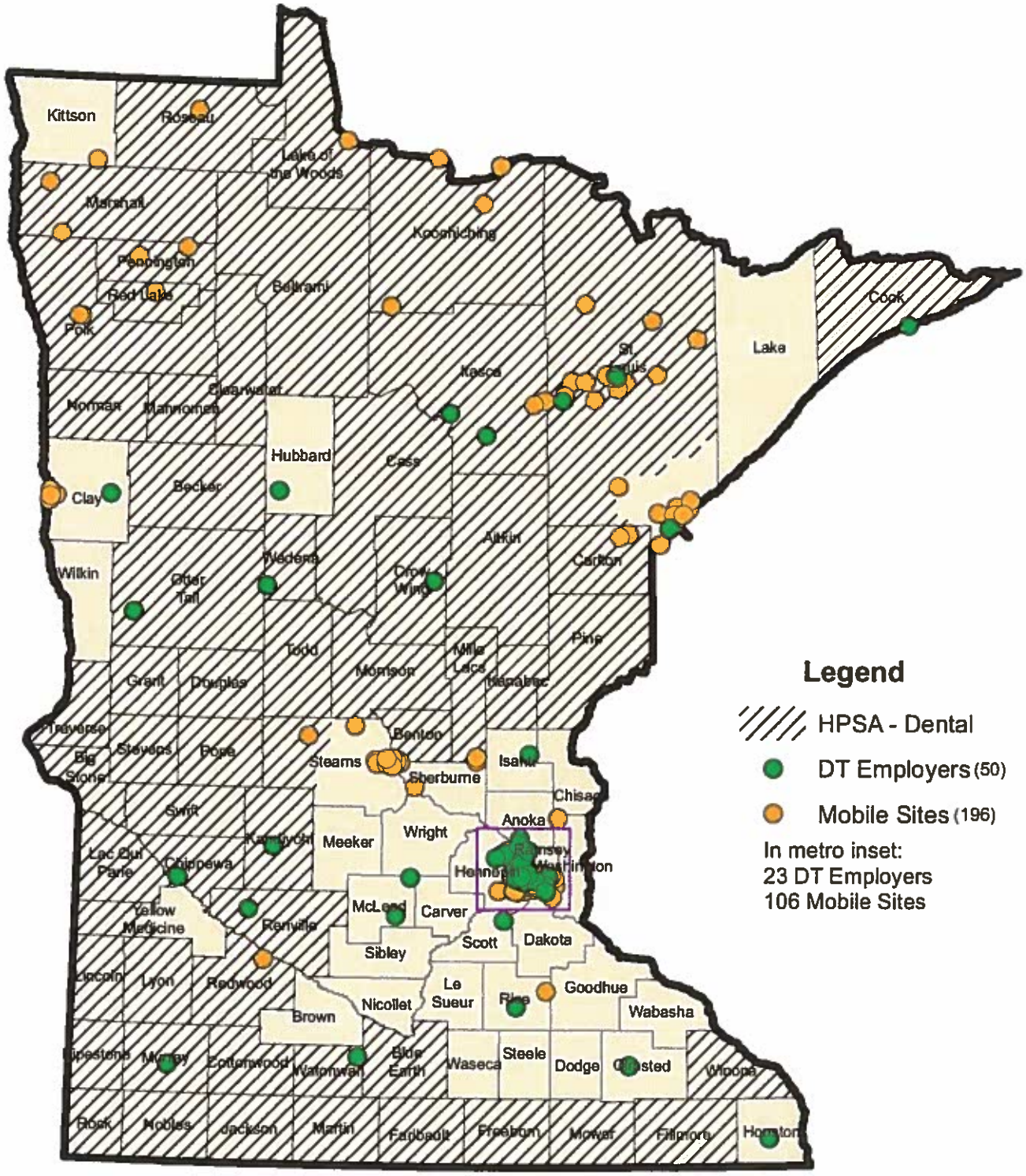
Similar to the requirement in the bill you're debating today, all dental therapists are required to practice under the supervision of a Minnesota-licensed dentist. The supervising dentist has the discretion to specify services, procedures and practice conditions for their dental therapists.

Dental therapists continue to provide excellent care within their limited, specific scope of practice, which is clearly defined by the law and the collaborative agreement between the dental therapist and the supervising dentist.

Dental therapy will not solve every problem facing our dental care delivery system. But I can tell you this: it has made a significant difference in the lives of thousands of people that come through our doors at HealthPartners.

Of course, it's important to design a system that works for Michigan. But don't let anyone tell you dental therapy isn't working in Minnesota. Because I am a living, breathing, and successful example that it is.

Dental Therapists in Minnesota
Service Sites as of July 2017



Legend

- HPSA - Dental
- DT Employers (50)
- Mobile Sites (196)

In metro inset:
23 DT Employers
106 Mobile Sites

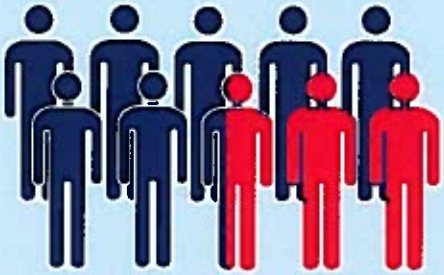
MS STRATEGIES

Map: MS Strategies, LLC
Sources: University of Minnesota School of Dentistry (2017), Children's Dental Services (2016), HRSA Data Warehouse (2017).
ArcGIS (Version 10.2) by ESRI

ORAL HEALTH IN MICHIGAN

ACCESS FOR VULNERABLE ADULTS ON MEDICAID

In FY 2016, pregnant women, adults with disabilities and/or very low income were eligible for fee-for-service Medicaid in Michigan.



ONLY 23%

of Michigan adults (over 21) on MEDICAID had a DENTAL VISIT in FY2016.

Only 5% of active licensed dentists in Michigan BILLED for more than $10,000 in claims for ADULTS ON MEDICAID.

WE HAVE

6,974

ACTIVE LICENSED DENTISTS

LESS THAN 10% OF DENTISTS AND PRACTICES in Michigan saw one or more ADULTS ON MEDICAID in FY2016.

10%!

ONLY

631

SAW ONE OR MORE ADULTS ON MEDICAID

372

BILLED $10,000 OR MORE TO MEDICAID

Data was obtained from the Michigan Department of Health and Human Services Medical Services Administration, Office of Actuarial Services, and the Bureau of Professional Licensing. These figures include dentists with active licenses in August 2017 with a listed address in Michigan or Ontario and Medicaid enrollment data from FY2016.

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

To learn more about how dental therapists can help provide access to care visit MIDentalAccess.org.

The Michigan Council for Maternal and Child Health (MCMCH) is partnering with other statewide organizations to improve oral health and access to dental care in Michigan by promoting evidence-based, cost-effective policy solutions. To contact us, please email info@midentalaccess.org or call 517-482-5807.

ORAL HEALTH IN MICHIGAN

Despite efforts, significant needs exist

Fewer Michigan residents are receiving dental care

Adults **not visiting** a dentist in the prior year **increased 14%** from 2010 to 2014

Preventable dental care provided to children in operating room visits cost **$7.9 million** in 2011

32% of Michigan's residents **lacked dental insurance** in 2015

1 in 4 third graders had **untreated dental disease**

63% of third-graders in the UP had a **history of dental decay** compared to 54% north of Clare

Third-grade children in Detroit in need of **immediate dental care** is **2 times higher** than the rate of children in need of care statewide

Seniors, pregnant women, low-income children and other special populations are at risk for poor oral health outcomes

More than one-third of all Michigan seniors have **lost six or more natural teeth** due to tooth decay or gum disease.

Approximately 50% of children covered by Medicaid and Healthy Kids Dental **did not receive dental services** in 2016

Half of new mothers in 2014 **did not receive a preventive dental visit** during their pregnancy

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

For more information, visit midentalaccess.org or contact Amy Zaagman, MCMCH Executive Director, at info@mcmch.org

Improve access to dental care in Michigan

This common sense, cost-effective legislation will enable dentists to delegate routine procedures to dental therapists working under their supervision and allow dentists to focus their time and skills on more complicated, revenue generating procedures.

Senate Bill 541 will:

Provide opportunities for previously underserved populations, many in rural areas, to gain access to routine dental care

Allow new providers to perform routine dental care: assessments, simple cavity preparation, restoration, simple extraction

Require practice under supervision of a dentist with detailed collaborative practice agreements

Create opportunities for dentists to grow their practices and reach more patients

Establish opportunities for dental professionals to continue their education, expand their skill set and grow their careers

Include direct referrals to supervising dentist; creating an ongoing relationship between patients and dental care providers

Focus the new workforce on our greatest access challenges, allowing increased capacity in safety net clinics and dental shortage areas

Ensure in all practice settings these new providers treat uninsured and Medicaid-insured patients

There is at least one dental shortage area in 77 of Michigan's 83 counties

Dental Shortage Area

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

midentalaccess.org

Sources: Oral Health in Michigan, April 2015, Center for Health Workforce Studies, School of Public Health, University at Albany. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Data Portal, Oral Health, Michigan: Adults Aged 65+ Who Have Lost 6 or more of Their Natural Teeth Due to Tooth Decay or Gum Disease, 2014," www.cdc.gov/oralhealthdata/index.html. George Washington University Milken Institute School of Public Health using Medicaid Analytic eXtract (MAX) files by the Centers for Medicare and Medicaid Services (CMS). National Association of Dental Plans Michigan Dental Benefits Fact Sheet 2016. Health Resources and Services Administration, Designated Health Professional Shortage Areas (HPSA) Statistics, as of April 2017. Michigan Department of Health and Human Services (MDHSS), Count Your Smiles, 2015-2016. Pregnancy Risk Assessment Monitoring System 2014. Behavioral Risk Factor Surveillance System data 2004-2014, analyzed by MDHHS.

ORAL HEALTH IN MICHIGAN

SB 541: A New Tool to Provide Access

Restorative Care is Needed

HYGIENE and PREVENTION are the cornerstones of good oral health, but

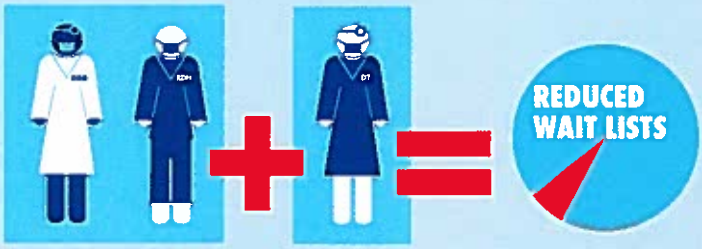
DECAY happens over time and many people require filling cavities or pulling primary or badly diseased teeth.

92% of MICHIGAN'S COUNTIES contain a federally designated dental shortage area

DENTAL SHORTAGE

which means the area meets criteria that can include WAIT LISTS of at least 6 WEEKS for ROUTINE SERVICES.

ADDING DENTAL THERAPISTS to the dental care team will help REDUCE WAIT LISTS.



CREATING A DENTAL HOME

SB 541 requires a COLLABORATIVE AGREEMENT between a dental therapist and a dentist, CREATING A TRUE DENTAL HOME for patients needing complex dental care.

GUARANTEED TO HELP UNDERSERVED

SB 541 ensures – with detail in statute – that DTs will be targeted towards underserved communities and populations.

DTs will only be able to practice:

- in SHORTAGE AREAS; or
- in SAFETY NET SETTINGS, i.e. FQHCs; or
- see 50% MEDICAID/UNINSURED patients

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

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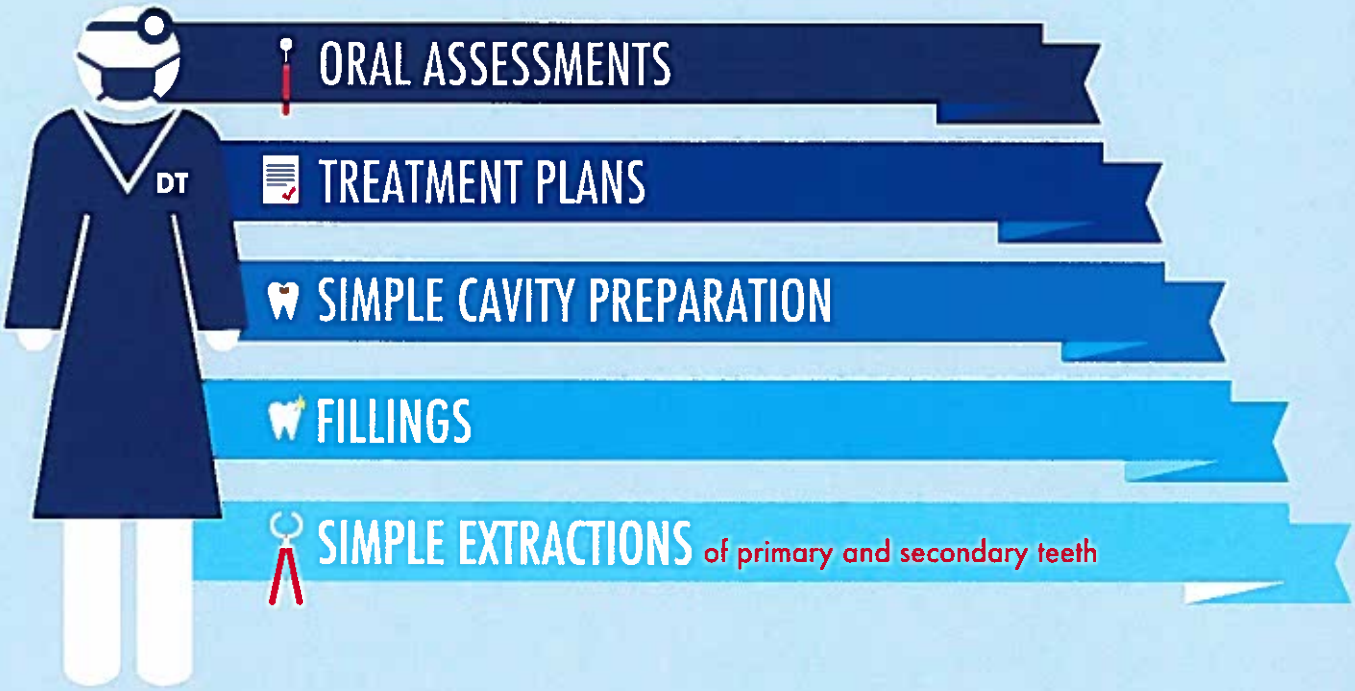
ORAL HEALTH IN MICHIGAN

SB 541: Dental Therapy Scope of Practice

What can dental therapists do?

SB 541 would allow dental therapists (DT) to perform the most commonly needed preventive and restorative dental care:



Q. With less training than a dentist, is it safe for dental therapists to perform "irreversible procedures"?

A. YES! Dental therapists are trained to the same standard as dentists on a smaller number of procedures. Dental therapists are licensed in 50 other countries and states in the U.S. In January 2013 the ADA's Council on Scientific Affairs conducted a systematic review of oral health outcomes produced by dental teams incorporating midlevel providers, finding "the results of a variety of studies indicate that appropriately trained midlevel providers are capable of providing high-quality services, including irreversible procedures such as restorative care and dental extractions."

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

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ORAL HEALTH IN MICHIGAN

SB 541: Training Dental Therapists

CODA Accreditation

NATIONAL ADA/CODA ACCREDITED PROGRAMS

In August 2015, the Commission on Dental Accreditation (CODA), the ACCREDITING BODY housed within the AMERICAN DENTAL ASSOCIATION for DENTAL EDUCATION PROGRAMS, implemented standards for dental therapy education programs. CODA accreditation means a program has achieved a NATIONALLY ACCEPTED LEVEL OF SAFETY AND QUALITY. SB 541 requires students to graduate from a CODA accredited program.

CODA
Commission on Dental Accreditation

USING BEST PRACTICES

Dental therapy students are held to the SAME STANDARDS as those studying to become dentists. They take the same classes as dental students and must DEMONSTRATE THE SAME COMPETENCIES on the procedures they are trained to provide.

SB 541 allows universities in Michigan the autonomy to DEVELOP CURRICULUM and establish entry criteria for students as outlined in CODA's DENTAL THERAPY STANDARDS.

The MICHIGAN BOARD OF DENTISTRY will create the board examination and licensure for dental therapists (DT).

Q. Can midlevel providers "drill and fill" directly out of high school?

A. NO The skills needed to be a dental therapist in Michigan would REQUIRE GRADUATION from a CODA ACCREDITED college or university—three academic years, as well as passing a state licensing exam. Under SB 541 DTs would be required to complete 500 clinical practice hours under the direct supervision of a dentist.

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

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ORAL HEALTH IN MICHIGAN

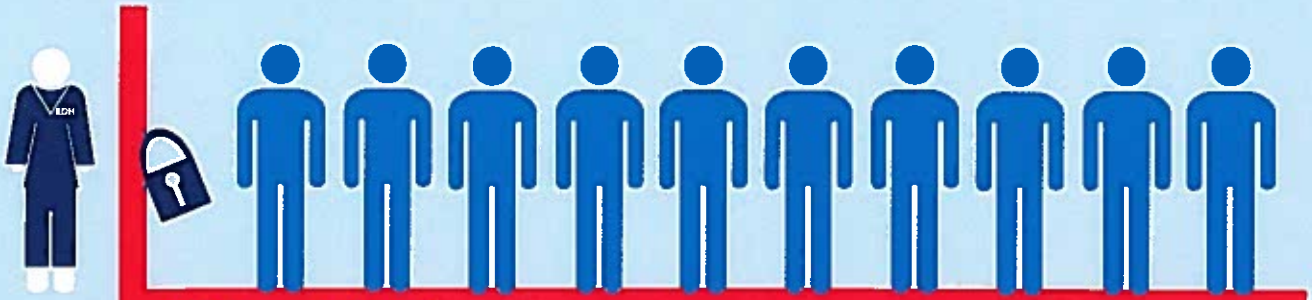
SB 541: A Career Ladder for Registered Dental Hygienists

HALF of Michigan's

10,300

registered dental hygienists (RDH) are UN- OR UNDEREMPLOYED

Good oral health care is a dental home = EDUCATION+ PREVENTION+ RESTORATIVE CARE. A TEAM of providers means patients have ACCESS to the skill set that MEETS their NEEDS.



RDHs are LIMITED by their current scope of practice to providing education and preventative services that – while incredibly valuable – fall short of what many MICHIGANDERS NEED. (i.e. restorative services)

CODA STANDARDS allow for RDHs to enter a dental therapy education program with advanced standing to recognize the overlap in skill sets.

If SB 541 passes, RDHs IN MICHIGAN would be well-positioned to seek a license in dental therapy and they would be INCREDIBLY USEFUL in the workforce – dually licensed as a RDH and DT.

MICHIGAN COUNCIL FOR Maternal & Child HEALTH

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DEPARTMENT OF HEALTH

MINNESOTA BOARD OF DENTISTRY

Dental Therapy in Minnesota

ISSUE BRIEF

Background

Dental therapy is a new and emerging profession in the United States. In Minnesota, dental therapists were authorized by the Minnesota Legislature in response to long-standing oral health access challenges. An aging dental workforce, historically low reimbursement rates for oral health services by public programs, and complex administrative and payment structures have resulted in low participation of dentists in Medicaid, leading to reduced access and contributing to acute oral health disparities for Medicaid populations.

- Dental therapists are trained to perform preventive, basic restorative and some intermediate restorative procedures with varying levels of supervision by licensed dentist(s).
- The Minnesota legislature authorized the licensing of dental therapists in 2009 and the Minnesota Board of Dentistry licensed the first dental therapist in 2011.[i]
- Minnesota Statutes 150A.105 and 150A.106 require dental therapists to practice in settings that serve low-income and underserved populations. Settings may include, but are not limited to, critical access dental providers, assisted living facilities, federally qualified health centers, VA clinics and hospitals, home-bound patient homes, or mobile dental units. Dental therapists may also work in public or private clinics/settings in which at least 50 percent of the dental therapist's patient base is on public programs, has a chronic condition/disability or is low-income and uninsured.

Education, Certification, Licensure and Practice

- Two schools in Minnesota educate and train dental therapists:
  - Metropolitan State University began its graduate-level dental therapy program in September 2009. The program admits six students per year. A bachelor's degree in dental hygiene is an entrance requirement. Students graduate with a Master of Science degree in Advanced Dental Therapy.
  - The University of Minnesota Dental School also began a dental therapy program in September 2009. It currently admits eight students per year. Initially, students graduated with either a bachelor's *or* a master's degree in dental therapy. Currently, the program educates all students in both dental hygiene and dental therapy and students graduate with a dual degree: Bachelor of Dental Hygiene/ Master of Dental Therapy.

- In September 2015, the American Dental Association's (ADA) Commission on Dental Accreditation (CODA) approved standards for dental therapy education after extensive

research and stakeholder input demonstrated that dental therapists can be trained to provide safe, high-quality care, and that there is support for the new profession in the dental community.

- Both Minnesota programs were models for CODA and meet the recently developed CODA standards for dental therapy programs. Since Minnesota's dental therapy programs were established prior to the CODA accreditation standards, the education programs are operating under approval and authority of the Minnesota Board of Dentistry.
- Dental therapists are licensed by the Minnesota Board of Dentistry. To obtain a license, dental therapists must pass the same clinical competency exams as dentists for the services they are authorized to provide. (They do not take written board exams like dentists.)
- Dental therapists with a master's degree can become certified as advanced dental therapists (ADT) after completing 2,000 hours of supervised practice and passing a certification exam. ADTs can work more independently and have an expanded scope of practice.
- All dental therapists are required to practice under the supervision of a Minnesota-licensed dentist. The supervising dentist has the discretion to specify services, procedures and practice conditions.
- ADTs are able to provide all dental therapy services under general supervision of a dentist, as authorized by the supervising dentist. General supervision means the supervising dentist does not need to be on-site where the dental therapist is providing services.
- The supervising dentist has the discretion to decide which ADTs are authorized to practice without the dentist onsite, and to specify services, procedures and practice conditions. After a period of on-site supervision of an ADT, most supervising dentists have determined that the ADT was fully qualified to provide safe, high quality care under general supervision and have removed most restrictions on the ADT's authority to practice under general supervision.
- Since licensing the first dental therapist in 2011, the Minnesota Board of Dentistry has not disciplined or required corrective actions on any licensed dental therapist due to quality or safety concerns.[ii]

Access to Care

- A growing body of evidence documents increases in access to oral health care that are attributable to the integration of dental therapists in clinic settings and dental practices.
    - A 2014 evaluation by the Minnesota Department of Health and the Minnesota Board of Dentistry determined that dental therapists improve access for underserved patients, resulting in reduced wait times and travel distances.[iii]
    - The Wilder Foundation's case studies note that the addition of a dental therapist at one study clinic decreased wait time from three or four weeks to one week, and increased the volume of patients with public insurance at two rural dental clinics.[iv,v]

  - The Pew Foundation's 2017 case studies with Apple Tree Dental concluded that an ADT at a veteran's home increased the number of diagnostic and restorative services provided at the home[vi].

In addition, the Minnesota Department of Health has catalogued 35 reports, peer-reviewed journal articles and studies documenting the growth and impact of these providers on oral health access in the state.

Financial Viability

- Case studies have documented that dental practices employing dental therapists report increased productivity and earnings.
  - Apple Tree Dental reported $52,000 in savings from using an ADT at a Minnesota Veteran's Home.[vi]
  - Midwest Dental reported an estimated average monthly increase in revenues of $10,042.[v]
- The financial benefit and financial viability of dental therapist is further confirmed by the steady growth of the profession and high rates of employment of dental therapists in a variety of different types of dental practices.
- General supervision of ADTs has made it economically viable for dental clinics to provide routine dental care in schools, rural communities, Head Start programs, nursing homes, and other community settings. It also makes it possible for a dental clinic to provide services at times when a dentist is not on site.
- Providers are paid the same reimbursement rate for a particular service regardless of whether it was provided by a dental therapist or a dentist; the state Medicaid agency, the Minnesota Department of Human Services, took this action in an effort to address the serious gaps in access and the low utilization of dental services by Medicaid recipients.
  - This reimbursement policy has a differing impact on costs to clinics and the state:
    - Overall clinic costs are lower since dental therapists' wages are lower than that of a dentist, but no short-term savings accrue to Medicaid.
    - It is anticipated that improved access to routine and preventive services and early treatment of emerging dental disease will produce a long-term net savings by reducing future need for higher cost dental treatment and emergency room use.
- The State of Minnesota does not provide on-going funding or subsidies for dental therapists or clinics hiring them; a small number of clinics received state grants and technical assistance to help with the initial hiring of dental therapists in areas with critical access problems. Minnesota's two dental therapy education institutions are public institutions but did not receive any additional funding to develop or operate their programs.
- Dental therapists working in rural areas can apply for the state's loan forgiveness programs, similar to other health professions.
- Liability insurers in Minnesota report that there is no additional cost for professional liability coverage for employment of a dental therapist compared to the employment of another dental assistant or hygienist.

Facts of Interest

- As of April 2018, there were 86 licensed dental therapists in Minnesota who work at 54 different sites.
  - 34 (39%) are dually licensed in both dental hygiene and dental therapy.
  - 48 (55%) have achieved certification as ADTs.[vii]
- Minnesota dental therapists are relatively young, with 55 percent age 34 and younger. [viii]
- Dental therapists are more diverse than other oral health professions in Minnesota; 12% of dental therapists are Asian, 3% are Hispanic, 2% are American Indian, and 9 percent are of multiple races. [viii]
- Dental therapists are geographically distributed in proportion to the state's population:
  - 55% of the state's population lives in the 7-county Greater Twin Cities metro area, where 59% of working dental therapists are employed.
  - 45% of Minnesotans live outside the Metro area, where 41% of working dental therapists are employed.[viii]
- The primary practice setting for 49% of dental therapists in 2017 was a dental clinic; 47% work in community-based nonprofit organizations, Community Health Centers (CHC), Federally Qualified health Centers (FQHCs), hospitals, and schools, and mobile clinics. The remaining 4 percent reported working in academic settings.[viii]
- Dental therapists also provide services in community and rural settings at more than 370 mobile dental sites throughout the state in schools, Head Start programs, community centers, VA facilities and nursing homes.[ix]
- Dental therapists report a high levels of career satisfaction—98% indicate career satisfaction in the last 12 months, and 96 percent are satisfied with their careers overall; 84% plan to practice for 10 years or more. [viii]
- In 2017, 93% of licensed dental therapists reported being employed as compared to 74% in 2014. This increase indicates greater integration of these providers in Minnesota.[viii]

This *fact sheet was developed by the Minnesota Department of Health in partnership with Minnesota Board of Dentistry and the Minnesota Dental Therapy Research Stakeholder Group.*

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06/12/2018

To obtain this information in a different format, call 651-201-3838. Printed on recycled paper.

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Notes

[i] https://www.revisor.mn.gov/statutes/?id=150A.105

[ii] Minnesota Board of Dentistry. (March, 2018).

[iii] Minnesota Department of Health. (2014, February). Early Impacts of Dental Therapists in Minnesota.

[iv] Wilder Research and Delta Dental Foundation of Minnesota (2017, May), "Grand Marais Family Dentistry: Dental Therapist Case Study."

[v] Wilder Research and Delta Dental Foundation of Minnesota (2017, May), "Midwest Dental: Dental Therapist Case Study."

[vi] Apple Tree Dental and Pew Charitable Trusts. (2017). "An Advanced Dental Therapist in Long-Term Care: An Apple Tree Dental Case Study." And Apple Tree Dental and Pew Charitable Trusts. (2018, March). "An Advanced Dental Therapist in Rural Minnesota: Jodi Hager's Case Study."

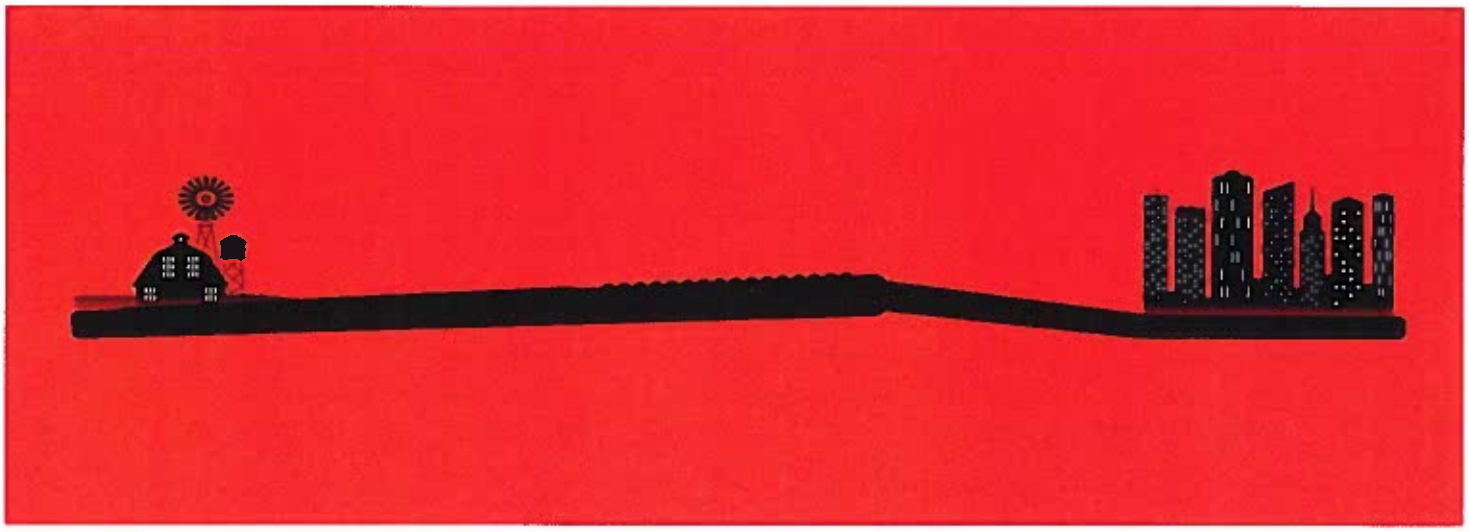
[vii] Minnesota Board of Dentistry, 2018

[viii] Based on data collected by Minnesota Department of Health's annual dental therapist workforce survey. Data references dental therapists that were licensed and practicing in 2017.

[ix] Calculation based on one time survey of select dental therapy employers that offer mobile dental services throughout Minnesota.

It's Incredibly Hard to Get Dental Care in Rural America

Dental therapists could help—but many professional dentists are fighting them.



Two and a half hours west of the Twin Cities, where the Minnesota and Chippewa rivers meet, is the prairie village of Montevideo, Minnesota. Downtown consists of a post office, railroad tracks, a few storefronts, and a dentist's office called Main Street Dental Care. From the outside, the clinic doesn't look like much. But on the bitter February day I visited, inside it was buzzing with activity.

Down the hall from the full waiting room, bent over her dental chair, Brandi Tweeter had a full roster of patients. Some had traveled hundreds of miles to see her, she told me. That's not unusual: In Minnesota, there's about one dentist for every 1,500 people—but they're concentrated in cities. Here in Chippewa County, the ratio is 1 in about 2,400. In a neighboring county, it's 1 in more than 5,000.

Rural Minnesota isn't alone—some 49 million Americans live in places where there are not enough dentists. In those areas, it's often hard to get an appointment even if you have private insurance. But for people on Medicaid, it can be impossible: Fewer than half the nation's dentists accept Medicaid patients. Those who don't claim the paperwork is too complicated and the reimbursement rates are too low.

More than 1 in 3 low-income adults avoid smiling because they're ashamed of their teeth.

The result is a public health crisis. While writing my book, Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America, I met people who slept in their cars and waited in long lines for extractions at free clinics. I met people who had pulled out their own teeth and others who had lost loved ones to dental abscesses. I met a boy dying from complications of untreated tooth decay.

I also observed how bad teeth can lock families into a cycle of poverty. "No more people behind the counter unless they have all their teeth," Andrew Puzder, the former CEO of CKE Restaurants, told managers of Hardee's burger shops in a memo that turned up when he was nominated to be President Donald Trump's labor secretary. More than 1 in 3 low-income adults avoid smiling because they're ashamed of their teeth, according to a Harris Poll survey conducted on behalf of the American Dental

Association in 2015. And untreated dental problems tax our health care system. More than a million Americans a year show up at hospital emergency rooms with nontraumatic dental problems—costing more than $1 billion annually. In Minnesota, about 400,000 preschoolers were brought to hospital emergency rooms with severe oral conditions during a recent five-year period. The visits cost $80 million, the Minneapolis Star Tribune reported last year.

Which is where Brandi Tweeter comes in. She's a dental therapist— something like a nurse practitioner for teeth. Twice as fast to train as a dental surgeon and half as expensive to employ, dental therapists handle a range of common procedures: drilling and filling teeth, placing crowns, performing some extractions. Under an innovative program in Minnesota, about 60 dental therapists fill in where care is scarce.

Yet the therapists remain controversial in Minnesota and beyond. The American Dental Association, which spends more than $2 million a year on lobbying, has fought them tirelessly. The ADA says it's worried about patient safety, but John Powers, the owner of Main Street Dental Care, suggests the real reason is fear of competition. "Dental organizations say, 'We're concerned about our patients and their care,'" he told me. "No. You are concerned about your pocketbook."

The nation's first dental therapists started working in Alaskan tribal areas in 2005—and the ADA and the Alaska Dental Society soon sued (unsuccessfully) to stop them. Three years later, Ann Lynch, a freshman Minnesota state senator, introduced a bill to allow dental therapists in her state. The Minnesota Dental Association launched what the Star Tribune called "an all-out media blitz targeting the legislation," but lawmakers passed it anyway. Since then, Maine and Vermont have passed laws allowing dental therapists, and 11 other states are considering them, as are more tribal groups.

The ADA still maintains there's no evidence that dental therapists are helping to fix Minnesota's shortage of care. But a 2014 review by the state's Department of Health and Board of Dentistry indicates that more Medicaid patients receive treatment in areas surrounding clinics that employ dental therapists. The state also documented dramatically reduced waiting times.

Here's what hasn't decreased: business at Main Street Dental Care. Quite the opposite, in fact. When Powers hired Tweeter five years ago, he was able to open his doors to Medicaid recipients. Since then, his practice has increased from 3,000 patients to 8,000. The office's annual revenue has more than tripled, from $600,000 to $1.9 million, and the staff has grown from 7 employees to 23 (including three more dental therapists). The clinic had to move to a bigger office. Powers is excited about the booming business, but he's most proud of how his team has helped people on the prairie, he told me: "The effect we've had on their oral health in this area—and in the state, for that matter—is kind of amazing."

More than a million Americans a year show up at hospital emergency rooms with nontraumatic dental problems—costing more than $1 billion annually.

Our editorial: Open door for dental therapists in Michigan

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If you need to see a doctor, you've got plenty of health professionals who can help, from certified nursing assistants all the way to hyper-specialized doctors. This gives patients more options when it comes to their health care. But in the field of dentistry, there are fewer options.

Senate Bill 541, introduced last year by Sen. Mike Shirkey, R-Clarklake, would create another avenue for care by adding a mid-level dental professional, much like a physician's assistant.

The bill is currently under review in the House. If it passes, it would create a new licensed professional called a dental therapist who would be able to perform small procedures such as filling cavities.

The bill contains a requirement that would mandate dental therapists in private dental offices ensure half their patients are Medicaid recipients. Public health care providers are on board with this provision.

The Mackinac Center for Public Policy suggests that the implementation of dental therapists would ensure Medicaid recipients receive the care they need while reducing Medicaid costs. Many Medicaid patients do not have access to dental care and small issues can grow into dangerous abscesses and infections that lead to expensive emergency room visits, which Medicaid still has to pay.

The Michigan Dental Association opposes this legislation, citing low Medicaid insurance reimbursements as the cause of underserved populations and has expressed concerns about dental therapists working without dentist supervision.

"The focus should be on real solutions, such as better utilizing Michigan's existing workforce, creating incentives for providers to work in underserved areas, and making sure that all Michigan residents have access to the same quality care," says MDA President Debra Peters.

Broader Medicaid reform is likely necessary, but in the meantime the creation of a mid-level provider would offer a less-costly professional who could make lower Medicaid payments work for dental practices -- consequently expanding access to dental care.

In addition, the Legislature would limit the number of procedures a dental therapist may perform, and the supervising dentist would have leeway as well. If dentists are not yet comfortable with the skill set of a dental therapist, they could forbid them from performing certain procedures.

Resistance to incorporating a mid-level care provider is not new. Years ago, a similar war was waged over physicians' assistants and nurse practitioners, but now it is hard to imagine operating without these health care workers.

"It is important to make sure that state health care policy is not a barrier to health care providers finding solutions for their communities," says Ryan Grinnell-Ackerman, government affairs manager at the Michigan Primary Care Association.

Minnesota has used dental therapists since 2009. After creating a set of accreditation standards, the state got two schools to form curriculum and now there are 86 dental therapists working to great effect in Minnesota. Maine and Vermont have also authorized dental therapists, and several other states are considering doing so.

Adding a mid-level worker to the dental profession is a sensible measure to ensure all patients' needs are being met.

https://www.detroitnews.com/story/opinion/editorials/2018/07/25/open-door-dental-therapists-michigan/826283002/

OAKLAND PRESS

Guest Column: Lawmakers should smile upon dental therapist bill

By Michael Van Beek, Mackinac Center
Posted: 10/10/17, 10:59 AM EDT

Too many Michigan residents can't get access to the dental care they need — and it's costing taxpayers dearly.

Without access to routine and preventative dental care, many people turn to the most expensive place to treat their symptoms: the emergency room. Although ER doctors can provide temporary relief to patients suffering from pain, underlying dental problems are too often left to fester. Plus, ER services costs about five times more than the preventative care would have cost at a dentist's office.

A 2014 study by Anderson Economic Group identified about 7,000 Michigan patients using the emergency room in 2011 to deal with symptoms from preventable dental issues. Hospitals charged over $15 million for the services provided to these patients. About 1,000 of these patients were even hospitalized, but about half of these hospital stays were for complications relating to cavities — a problem that can be handled routinely in a dentist's chair.

But expensive ER trips aren't the only costs caused by untreated dental disease. It often results in absences from school or work. Even if it doesn't cause someone to miss time on the job, the pain and discomfort experienced by sufferers of dental problems can seriously impact their quality of life. Untreated dental problems also drive up prices in the broader health care market.

The lack of access to dental care disproportionately impacts low-income women, children and the elderly, many of whom rely on public insurance like Medicaid. According to data from the Michigan Department of Health and Human Services, only 10 percent of practicing dentists in Michigan saw one or more adults on Medicaid in 2015. And of the 6,641 active licensed dentists in the state in 2015, only 251 billed $10,000 or more to Medicaid.

Too many Michiganders have limited or no access to dental care. Despite efforts to combat this problem, barriers still exist. In 2016, nearly half the children covered by Healthy Kids Dental or Medicaid did not receive dental services, according to state data.

But there's hope. Lawmakers are currently considering legislation that would expand access to dental care without creating extra costs for taxpayers. This legislation would allow dentists to hire a new type of dental professional called a dental therapist. Dental therapists would work under the supervision of a dentist to help provide basic dental care specifically for people who don't currently have access.

Sen. Mike Shirkey, R–Clarklake, introduced Senate Bill 541 to license dental therapists in Michigan, which recently passed the Senate Health Policy Committee with bipartisan support and now sits before the full Senate for consideration. The bill requires a dental therapist to graduate from a program approved by the same body that accredits Michigan's dental schools and dental hygiene programs. SB 541 specifically addresses the challenges we have in Michigan by requiring that at least 50 percent of dental therapists' patients be low-income, disabled or uninsured.

This bill allows dentists the freedom to expand their practices and gives hygienists an opportunity to further their training and take on more responsibility if they choose to pursue a dental therapist license. Dentists need more flexibility to better meet patients' needs and this could be an important part of that effort. Several other states have used dental therapists or similarly licensed professionals to help meet the needs of their residents — Michigan should simply follow their lead.

Dental therapists would be a smart way to help more people in Michigan get access to dental care and improve their health, without saddling taxpayers or the government with additional costs. SB 541 would help improve oral health in a fiscally responsible and patient-focused way.

Michael Van Beek, the director of research for the Mackinac Center.

Bridge News and analysis from The Center for Michigan

September 20, 2018
Paul Palmer
Guest Commentary

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Opinion I I'm disabled, and it took me 15 years to find a dentist in Michigan

Paul Palmer is chairman of the Michigan Developmental Disabilities Council

It took me 15 years to find a dentist.

As someone who was born with cerebral palsy, doing everyday things is sometimes a challenge. What shouldn't be a challenge for somebody like me is finding a dentist, but unfortunately that's an obstacle many disabled Michigan residents face.

The U.S. Census Bureau estimates that nearly 1.4 million Michigan residents may be living with a disability, whether physical, developmental or both. According to a 2015 study, the most difficult barrier to oral healthcare facing adult patients with special needs is finding a dentist willing to treat them.

Finding access to a dentist isn't a problem unique to the disabled community. In Michigan, 77 of our 83 counties are considered "dental shortage areas," which means there aren't enough dentists to serve the residents living there.

A number of vulnerable populations are affected by limited access to a dentist, including those living in rural areas, children, pregnant women, low-income families and seniors.

For those who do have a dentist relatively near their home, the next hurdle is whether that dentist will accept their insurance. Although people with disabilities, very low-income families and pregnant women are eligible for fee-for-service Medicaid, most dentists do not regularly see adults on Medicaid in our state.

In fact, according to the state Department of Health and Human Services, of Michigan adults over 21 on Medicaid, only 27 percent visited a dentist in 2015. While there are 6,641 active licensed dentists in the state, only 661 saw one or more adults on this type of Medicaid — just one out of 10.

Michigan has 45 Federally Qualified Health Centers that serve uninsured and Medicaid clients. However they report chronic understaffing of dentists at their clinics. So even patients who are able to get to a health center for care may be waiting months to have a cavity filled or a procedure done.

Senate Bill 541, introduced by Sen. Mike Shirkey, R- Clark Lake, could help expand access to care to those who are currently going without. This legislation would authorize a mid-level dental provider called a dental therapist.

Through appropriate training and licensing, these providers would be able to expand access to routine oral care, while working under the supervision of a dentist. Dental therapists would perform basic procedures, such as filling a cavity. The bill requires dental therapists to practice in high-need settings, such as a public clinic or a location where at least 50 percent of the patients are on Medicaid, uninsured or face other significant barriers to getting dental care. This will help ensure people like me will have more dental providers willing and able to treat them.

Because I have finally found a dentist who is extremely patient and kind and accepts Medicaid, I feel like a person. But for those who can't find a dentist who will see them, dental therapists would make a positive impact on Michigan residents, particularly those with disabilities like me.